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APPENDIX C

DENTAL SERVICES REQUIRING PRE-AUTHORIZATION

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APPENDIX C DENTAL SERVICES REQUIRING PRE-AUTHORIZATION

When submitting claims for payment of prior authorized services in this Chapter, be sure to place the authorization number in Block 2 of the ADA Claim Form. **If the services were not prior authorized, you must request "IC" Block 38 of the ADA Claim Form, and appropriate radiographs and narratives of clinical findings to support the services must be submitted on or with the claim to:**

Department of Medical Assistance Services
Dental
P.O. Box 27431
Richmond, Virginia 23261-7431

See Chapter IV for a detailed description of the covered services and **options** to pre-authorization.

Code	Procedure	Tooth ^[1]	Surface(s)
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Radiographs

D0310	Sialography		
D0320	Temporomandibular (TMJ) Arthrogram		
D0321 ³	Other TMJ films, by report		
D0340	Cephalometric radiograph (full-banded orthodontics only)		

Tests and Laboratory Examinations

D0470	Diagnostic models (prosthetics and orthodontics only)		
D0473	Histopathologic exam		

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

² Dental codes that must be pre-authorized.

³ Dental codes for which pre-authorization is recommended

* For supernumerary tooth extractions, see Chapter IV.

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Code	Procedure	Tooth ^[1]	Surface(s)
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Space Maintenance

D1510	Fixed, unilateral		
D1515	Fixed, bilateral		
D1520	Removable – unilateral		
D1525	Removable – bilateral		

Crowns – Single Restoration Only

D2710 ³	Crown-resin (laboratory)	01 – 32	
D2721 ³	Crown-resin with predominantly base metal (non-precious)	01 – 32	
D2722 ³	Crown resin with noble metal (semi-precious)	01 – 32	
D2751 ³	Crown-porcelain fused to predominantly base metal (non-precious)	01 – 32	
D2752 ³	Crown-porcelain fused to noble metal (semi-precious)	01 – 32	
D2791 ³	Crown-full cast predominantly – base metal (non-precious)	01 – 32	
D2792 ³	Crown-full cast noble metal (semi-precious)	01 – 32	
D2794 ³	Crown, titanium	01 – 32	
D2952 ³	Cast post and core in addition to	01 – 32	

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D2962 ³	crown Labial veneer, Porcelain, Lab (for non-cosmetic purposes)	06 – 11	
<u>Root Canal Therapy</u> (includes treatment radiographs, clinical procedures, and follow-up care)			
D3310	Endodontics anterior	01 – 32	
D3320	Endodontics bicuspid	01 – 32	
D3330	Endodontics molar	01 – 32	
D3351	Apexification, intitial visit	01 – 32	
D3352	Apexification, interim medication replacement	01 – 32	
D3353	Apexification, includes completed root canal therapy	01 – 32	
<u>Periapical Surgical Services</u>			
D3410	Apicoectomy anterior	01 – 32	
D3421	Apicoectomy bicuspid (1 st root)	01 – 32	
D3425	Apicoectomy molar (1 st root)	01 – 32	
D3426	Apicoectomy, each additional root	01 – 32	
D3430	Retrograde filling per root	01 – 32	

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Code	Procedure	Tooth ^[1]	Surface(s)
<u>Periodontal Surgical Services</u>			
D4210	Gingivectomy or Gingivoplasty, four or more teeth		
D4211	Gingivectomy or Gingivoplasty, one to three teeth		
D4260	Osseous Surgery, four or more teeth		
D4261	Osseous Surgery, one to three teeth		
D4263 ³	Bone Replacement Graft – first site, in quadrant		
D4264 ³	Bone Replacement Graft – each additional site, per quadrant		
D4270	Pedicle Soft Tissue Graft	01 – 32	
D4271 ³	Free Soft Tissue Graft	01 – 32	
D4273 ³	Subepithelial Connective Tissue Graft	01 – 32	

Adjunctive Periodontal Services

D4320	Provisional splinting intracoronal
D4321	Provisional splinting extracoronal
D4341	Periodontal scaling and root planning, four or more teeth

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D4342	Periodontal scaling and root planning, one to three teeth		
D4355	Gross debridement, full mouth		
D4910	Periodontal Maintenance, following active therapy		

Prosthodontics, Removable (includes 6 months post-delivery care)

Complete Dentures

D5110³ Complete upper
D5120³ Complete lower

Partial Dentures

D5211³ Upper partial-acrylic base
(including any conventional clasps and rests)

D5212³ Lower partial-acrylic base
(including any conventional clasps and rests)

D5213³ Upper partial-predominantly base
cast base with acrylic saddles
(including any conventional clasps and rests)

D5214³ Lower partial-predominantly base
cast base with acrylic saddles
(including any conventional clasps and rests)

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D5225 ³	Maxillary partial denture, flexible base		
D5226 ³	Mandibular partial denture, flexible base		
D5281 ³	Removable unilateral partial denture-one piece predominantly base casting, clasp attachments – per unit (including pontics)		

Adjustments to Dentures (after 6 months)

D5410	Adjust complete denture – upper
D5411	Adjust complete denture – lower
D5421	Adjust partial denture – upper
D5422	Adjust partial denture – lower

Repairs to Complete Dentures

D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth – 01 – 32 complete denture (each tooth)

Repairs to Partial Dentures

D5610	Repair acrylic saddle or base
D5620	Repair cast framework

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D5630	Repair or replace broken clasp		
D5640	Replace broken teeth – per tooth	01 – 32	
D5650	Add tooth to existing partial denture	01 – 32	
D5660	Add clasp to existing partial denture		

Denture Reline Procedures

D5730	Reline complete upper denture (chairside)
D5731	Reline complete lower denture (chairside)
D5740	Reline upper partial denture (chairside)
D5741	Reline lower partial denture (chairside)
D5750	Reline complete upper denture (laboratory)
D5751	Reline complete lower denture (laboratory)
D5760	Reline upper partial denture (laboratory)
D5761	Reline lower partial denture (laboratory)

D5951³ Feeding Aid/Obturator

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

² Dental codes that must be pre-authorized.

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Code	Procedure	Tooth ^[1]	Surface(s)
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D5982³ Surgical Stent

D5988³ Surgical Splint

Prosthodontics, Fixed (each abutment and each pontic constitute a unit in a bridge)

Bridge Pontics

D6205³ Pontic, resin-based 01 – 32

D6211³ Pontic-cast predominantly base metal (non-precious) 01 – 32

D6212³ Pontic-cast noble metal (semi-precious) 01 – 32

D6214³ Pontic, titanium 01 – 32

D6241³ Pontic-porcelain fused to predominantly base metal (non-precious) 01 – 32

D6242³ Pontic-porcelain fused to noble metal (semi-precious) 01 – 32

D6251³ Pontic-resin with predominantly base metal (non-precious) 01 – 32

D6252³ Pontic-resin with noble metal (semi-precious) 01 – 32

Retainers

D6545³ Cast metal retainers for bond/etch bridges 01 – 32

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D6710 ³	Crown, resin-based	01 – 32	
D6721 ³	Crown resin with predominantly base metal (non-precious)	01 – 32	
D6722 ³	Crown resin with noble metal (semi-precious)	01 – 32	
D6751 ³	Crown porcelain fused to predominantly base metal (non-precious)	01 – 32	
D6752 ³	Crown-porcelain fused to noble metal (semi-precious)	01 – 32	
D6791 ³	Crown-full cast predominantly base metal (non-precious)	01 – 32	
D6792 ³	Crown-full cast noble metal (semi-precious)	01 – 32	
D6794 ³	Crown, titanium	01 – 32	

Other Fixed Prosthetic Services

D6970 ³	Cast post and core in addition to bridge retainer	01 – 32
D6971 ³	Cast post as part of bridge retainer	01 – 32

Surgical Extractions (includes local anesthesia and routine postoperative care)*

D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	A – T or 01 – 32
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D7220	Removal of impacted tooth – soft	A – T or
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¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
	tissue	01 – 32	
D7230	Removal of impacted tooth – partially bony	A – T or 01 – 32	
D7240	Removal of impacted tooth- completely bony	A – T or 01 – 32	
D7241	Removal of Impacted tooth – completely boney, with unusual surgical complications	A – T or 01 – 32	
D7250	Surgical removal of residual tooth roots (cutting procedure)	A – T or 01 – 32	
<u>Other Surgical Procedures</u>			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	A – T or 01 – 32	
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	01 – 32	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	01 – 32	
D7283	Placement, device to aid eruption	01 – 32	
D7285	Biopsy of oral tissue – hard		
D7286	Biopsy of oral tissue – soft		
D7288	Brush biopsy		

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

² Dental codes that must be pre-authorized.

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Code	Procedure	Tooth ^[1]	Surface(s)
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Alveoloplasty (surgical preparation of ridge for dentures)

- D7310 Alveoloplasty in conjunction with extractions
- D7311 Alveoloplasty, with extraction, 1 – 3 teeth
- D7320 Alveoloplasty **not** in conjunction with extractions
- D7321 Alveoloplasty, 1 – 3 tooth spaces

Removal of Tumors, Cysts, and Neoplasms

- D7410 Excision of benign lesion diameter up to 1.25 cm
- D7411 Excision of benign lesion diameter greater than 1.25 cm
- D7412 Excision of benign lesion, complicated
- D7413 Excision of malignant lesion, diameter up to 1.25 cm
- D7414 Excision of malignant lesion, diameter greater than 1.25 cm
- D7415 Excision of malignant lesion, complicated
- D7440 Excision of malignant tumor-lesion diameter up to 1.25 cm (osseous)

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm (osseous)		
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		
D7460	Removal of benign non-odontogenic lesion, diameter up to 1.25 cm		
D7461	Removal of benign non-odontogenic cyst or tumor – lesion, diameter greater than 1.25 cm		
D7465	Destruction of benign lesion(s) by physical methods: Electrosurgery, chemotherapy, cryotherapy, or laser		

Excision of Bone Tissue

D7471	Removal of lateral exostosis – maxilla or mandible
D7472	Removal of torus palatinus
D7473	Removal of mandibular tori

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D7485	Surgical reduction of osseous tuberosity		
<u>Treatment of Fractures – Simple</u>			
D7610	Maxilla-open reduction (teeth immobilized if present)		
D7620	Maxilla-closed reduction (teeth immobilized if present)		
D7630	Mandible-open reduction (teeth immobilized if present)		
D7640	Mandible-closed reduction (teeth immobilized if present)		
D7650	Malar and/or zygomatic arch-open reduction		
D7660	Malar and/or zygomatic arch-closed reduction		
D7670	Alveolus – stabilization of teeth, closed reduction splinting		
D7671	Alveolus, open reduction		
D7680	Facial bones-complicated reduction with fixation and multiple surgical approaches		

Treatment of Fractures – Compound

D7710 Maxilla – open reduction

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D7720	Maxilla – closed reduction		
D7730	Mandible – open reduction		
D7740	Mandible – closed reduction		
D7750	Malar and/or zygomatic arch – open reduction		
D7760	Malar and/or zygomatic arch – closed reduction		
D7770	Alveolus – stabilization of teeth, open reduction splinting		
D7771	Aveolus, closed reduction		
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches		

Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

D7810	Open reduction of dislocation		
D7820	Closed reduction of dislocation		
D7830	Manipulation under anesthesia		
D7840 ³	Condylectomy		
D7850 ³	Meniscectomy		
D7860 ³	Arthrotomy		
D7865 ³	Arthroplasty		

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D7870 ³	Arthrocentesis		
D7871 ³	Non Arthroscopic, Lysis and Lavage		
D7873 ³	Arthroscopy, Lysis of Adhesion, Lavage		
D7874 ³	Arthroscopy, Surgical Disc Repos.		
D7875 ³	Arthroscopy, Synovectomy		
D7876 ³	Arthroscopy, Discectomy		
D7877 ³	Arthroscopy, Surgical Debridement		
D7880 ³	TMJ Appliance		

Repair of Traumatic Wounds

D7910 Suture of recent small wounds up to 5 cm

Complicated Suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)

D7911 Suture up to 5 cm

D7912 Suture greater than 5 cm

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
<u>Other Repair Procedures</u>			
D7940 ³	Osteoplasty – for orthognathic deformities		
D7941 ³	Osteotomy – ramus, closed		
D7943 ³	Osteotomy – ramus, open with bone graft		
D7944 ³	Osteotomy – segmented or subapical – per sextant or quadrant		
D7945 ³	Osteotomy – body of mandible		
D7946 ³	LeFort I (maxilla – total)		
D7947 ³	LeFort I (maxilla – segmented)		
D7948 ³	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft		
D7949 ³	LeFort II or LeFort III – with bone graft		
D7950 ³	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible – autogenous or nonautogenous		
D7955 ³	Repair of maxillofacial soft and hard tissue defects		

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
D7960	Frenulectomy (frenectomy or frenotomy-separate procedure)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue-per arch		
D7971	Excision of pericoronal gingiva	A – T or 01 – 32	
D7972	Surgical Reduction, Fibrous Tuberosity		
D7980	Sialolithotomy		
D7981	Excision of salivary gland		
D7982	Sialodochoplasty		
D7983	Closure of salivary fistula		
D7991 ³	Coronoidectomy		

Orthodontics

Limited Treatment for Tooth Guidance

D8020	Transitional dentition
D8030	Adolescent dentition
D8040	Adult dentition

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
<u>Comprehensive Orthodontic Treatment</u>			
D8070 ²	Transitional dentition		
D8080 ²	Adolescent dentition		
D8090 ²	Adult dentition		
<u>Minor Treatment to Control Harmful Habits</u>			
D8210	Removable appliance therapy		
D8220	Fixed appliance therapy		
D8999 ²	Unspecified ortho treatment by report		
<u>Adjunctive General Services</u>			
<u>Anesthesia</u>			
D9220 ³	Deep Sedation/General Anesthesia (first 30 minutes)		
D9221 ³	Deep Sedation/General Anesthesia (each additional 15 minutes)		
D9230	Analgesia		
D9241	Intravenous Conscious Sedation, Analgesia		
D9248	Non-Intravenous, Conscious Sedation		

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

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Code	Procedure	Tooth ^[1]	Surface(s)
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Miscellaneous Services (Diagnostic Service Provided by Dental Specialist Other Than Referring Dentist)

D9310	Professional consultation		
D9420	Hospital call		
D9440	Office visit (after regular hours in addition to basic or expected services)		

Drugs

D9610	Therapeutic drug injection		
D9630	Other drugs and/or medicaments		

Miscellaneous Services

D9910	Application of desensitizing medicaments		
D9930	Treatment of complications (postsurgical) – unusual circumstances		
D9999 ³	Unspecified treatment, by report		

¹ Tooth codes: Primary [A through T], Permanent [01 through 32]

² Dental codes that must be pre-authorized.

³ Dental codes for which pre-authorization is recommended

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